



**Board of Behavioral Sciences**  
1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
Telephone: (916) 574-7830 TTY: (800) 326-2297  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



**RE: LICENSED PROFESSIONAL CLINICAL COUNSELOR LICENSURE ELIGIBILITY APPLICATION  
"GRANDPARENT" METHOD FOR CALIFORNIA LICENSED  
MARRIAGE AND FAMILY THERAPISTS AND LICENSED CLINICAL SOCIAL WORKERS**

Dear Applicant:

Thank you for your interest in becoming a California Licensed Professional Clinical Counselor. Included in this packet are the following forms and documents:

1. Instructions for Completing the Licensure Eligibility Application
2. Licensed Professional Clinical Counselor Licensure Eligibility Application "Grandparent" Method for California MFTs and LCSWs
3. Examination Security Notice
4. Personal Data Card
5. Mandatory Reporter Information

BOARD OF BEHAVIORAL SCIENCES



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## INSTRUCTIONS FOR COMPLETING THE LICENSED PROFESSIONAL CLINICAL COUNSELOR LICENSURE ELIGIBILITY APPLICATION

### “GRANDPARENT” METHOD FOR CALIFORNIA MFTs AND LCSWs

Please review the following instructions and checklist to ensure accurate completion of your application package and that all required original documents are furnished to the Board of Behavioral Sciences (Board). Please retain a copy of all documents submitted to the Board. All items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete. Submit a completed application package to the address shown above with the fee indicated in section II below.

#### I. MISCELLANEOUS FORMS INSTRUCTIONS

- ☐ A. PERSONAL DATA CARD: Please type or print legibly. The address you enter on this card is public information and will be placed on the Internet pursuant to Business and Professions Code (BPC) Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. The address provided will be used for Board communications, such as license renewal notices.
- ☐ B. EXAMINATION SECURITY NOTICE: The notice must be completed and signed. Failure to complete the notice may affect your examination eligibility.

#### II. LICENSE ELIGIBILITY APPLICATION INSTRUCTIONS

- ☐ A. APPLICATION: Complete all sections. The application must be signed. NOTE: If you have registered with the Board previously and have changed your legal name since registering without submitting a name change request to the Board, please complete and submit a *Notification of Name Change* form with your application packet along with required documentation. This form is available on the Board's web site.
- ☐ B. APPLICATION AND GAP EXAMINATION FEES:  
 Submit a \$280.00 check or money order made payable to the Behavioral Sciences Fund. The \$280.00 fee consists of a \$180.00 application fee and a \$100 Gap examination fee. The application fee is an earned fee for evaluation of your application and is **NOT REFUNDABLE**.
- ☐ C. INITIAL LICENSE APPLICATION AND FEE:  
 Once you have passed the Gap examination, you will be required to submit a *Request for Initial License* form with a fee. This fee will be prorated and established according to the month of issuance (month fee is received by the Board) and expiration date (applicant's birth month) of the license.
- ☐ D. CONVICTION AND/OR DISCIPLINARY ACTION (Application form Question #22-23)  
 Attach documentation explaining prior conviction(s) and/or disciplinary action(s) and attesting to your rehabilitation, if applicable: Please refer to the REPORTING PRIOR CONVICTION(S) and/or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.

#### III. VERIFICATION OF LICENSURE AND EDUCATION

- ☐ A. VERIFICATION OF LICENSURE: California licensed marriage and family therapists and clinical social workers must provide current license information in order for the Board to verify license status.
- ☐ B. TRANSCRIPTS. Official transcripts verifying your master's or doctoral degree, with the degree title and date of conferral on the transcript, must be submitted for all applicants. Must be in a sealed envelope.

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C. VERIFICATION OF EDUCATION AND TRAINING:

Verification of required education and training is required in order for the Board to determine your eligibility for LPCC licensure. Sufficient documentation is required to verify completion of the required education and training. If you have previously submitted this information to the Board with a different license application, you **must resubmit** the required information with this application packet.

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D. REMEDIAL COURSEWORK: Applicants with a qualifying degree issued prior to 1996 may receive credit for no more than three (3) core content areas gained outside of the degree program (BPC Section 4999.54(a)(1)(A)(ii)). Applicants with a qualifying degree issued in 1996 or after may receive credit for no more than two (2) core content areas gained outside of the degree program (BPC Section 4999.54(a)(1)(A)(iii)). A counselor educator whose degree was issued in or after 1996 and is deficient in no more than two (2) of the nine core content areas may receive credit for courses taught in a graduate program in counseling or a related area that include the equivalent of a required core content area (BPC Section 4999.54(a)(1)(A)(i)). Sufficient documentation is required to verify completion of all coursework and content areas.

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E. ADDITIONAL UNITS: This section applies to applicants with a qualifying degree program issued prior to 1996 ONLY. According to BPC Section 4999.54(a)(1)(A)(ii), degrees issued prior to 1996 must include a minimum of 30 semester units or 45 quarter units and the total number of units completed must be no less than 48 semester units or 72 quarter units. If your degree program included the minimum number of required units but less than 48 semester units or 72 quarter units, then submit documentation that verifies completion of the remaining number of required units.

IV. **REPORTING PRIOR CONVICTION(S):**

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the Board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- a. The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- b. Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- c. The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- d. The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- e. Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have pled guilty or nolo contendere to a misdemeanor or felony conviction (*including any convictions dismissed under Section 1203.4 of the Penal Code*):

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1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.

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2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please provide that name.

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3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:

- a. Proof of completion of probation if it was required.
- b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

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4. You must disclose **all** convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

## V. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- ☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- ☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please provide that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  - a. Proof of completion of probation if it was required.
  - b. Letters of reference from employers, instructors, professional counselors, or probation or parole officers on official letterhead.
- ☐ 4. You must disclose all discipline against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

### **INFORMATION ABOUT THE LICENSURE ELIGIBILITY APPLICATION PACKAGE FOR CALIFORNIA MFTs AND LCSWs**

#### 1. INFORMATION AND DOCUMENTS

All information furnished to the Board is subject to investigation. The application submitted and all papers and documents pertinent thereto are the property of the State of California and will not be returned. **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**

#### 2. RECEIPT OF APPLICATION

Please do not contact the Board to check the status of your application. **If you wish to know whether the Board has received your application, check with your bank to determine whether your check has been cashed; another option is to include a self-addressed stamped postcard or envelope with your application, which will be mailed back to you upon receipt.**

#### 3. GAP EXAMINATION:

California licensed marriage and family therapists and clinical social workers must pass the Gap examination in order to be issued an LPCC license. You will be provided information on scheduling your examination upon review and approval of your licensure eligibility application. Candidates must participate in the examination within one (1) year of being notified of eligibility. Candidates are permitted to take the examination up to four times within the one year eligibility period.

#### 4. REQUESTS FOR ACCOMMODATION:

All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or medical conditions. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

Accommodations will not be provided at the examination site unless prior approval by the Board has been granted. **A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination.** The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board and must be received a minimum of 90 days prior to the desired test date to allow for processing. If you wish to submit a request for accommodation, please contact the Board and request a *Request for Accommodation* package or download the forms from the Board's web site.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination

requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

5. PUBLIC ADDRESS and CHANGE OF ADDRESS:

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses.

**CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.**

6. ABANDONMENT OF LICENSURE APPLICATION:

In accordance with Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned in any of the following circumstances:

- Applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter
- Applicant fails to sit for examination within one (1) year after being notified of eligibility
- Applicant fails to retake an examination within one (1) year from the date of failure
- Applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

7. STATUTES AND REGULATIONS:

To obtain a copy of the *Statutes and Regulations* pertaining to licensed professional clinical counseling, you may download the information from the Board's web site; alternatively, you may submit a written request to the Board (type or print clearly your name and address).

8. DUPLICATION OF BOARD FORMS:

Applicants are granted permission to reproduce any form provided by the Board. **However, only those forms having original signatures will be accepted as part of any application.**

9. MANDATORY REPORTER:

Under California law each person licensed by the Board of Behavioral Sciences is a "mandated reporter" for both child, elder and dependent adult abuse or neglect purposes. See enclosed "**MANDATORY REPORTER INFORMATION**" included in this application packet for more information on mandatory reporting requirements.

## NOTICE ABOUT COLLECTION OF PERSONAL INFORMATION

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4999.47, 4999.50, 4999.58, and 4999.59; and Article 5 of Chapter 16 (commencing with Section 4999.80), and Title 16 of California Code of Regulations Sections 1805, 1806, 1820, 1821 and 1822. The Board uses this information principally to identify and evaluate licenses and enforce licensing standards set by statute and regulation.

**Mandatory Submission.** Submission of the information requested by this application is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Board at (916) 574-7830 or by email at [BBSWebMaster@dca.ca.gov](mailto:BBSWebMaster@dca.ca.gov). For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection, 915 Capitol Mall, Suite 200, Sacramento, CA 95814, (866) 785-9663 or email [privacy@scsa.ca.gov](mailto:privacy@scsa.ca.gov).



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## LICENSED PROFESSIONAL CLINICAL COUNSELOR LICENSURE ELIGIBILITY APPLICATION

### “GRANDPARENT” METHOD FOR CALIFORNIA MFTs AND LCSWs

#### APPROPRIATE FEE MUST ACCOMPANY THIS FORM

Make check payable to - Behavioral Sciences Fund

For Office Use Only: P2, PM, PL

Cashiering No:

QM:2-GCL

(Please type or print clearly in ink)

1. Legal Name* Last		First		Middle	
Maiden name and/or any other alias					
2. Address of Record*: Number and Street					
City		State	Zip Code		
3. Business Telephone:		4. Residence Telephone:		5. E-Mail Address:	
6. Birth Date: mm/dd/yyyy		7. Social Security Number***:		8. Sex:	
9. Education: (Qualifying Degree Title)				10. Name of school, college, or university:	
				11. Degree Issue Date:	

ATTACH A  
 PHOTOGRAPH TAKEN  
 WITHIN 60 DAYS  
 OF THE FILING  
 OF THIS APPLICATION  
 (Head and Shoulders Only)

#### REQUIRED LICENSURE

12. Do you have a California license in Marriage and Family Therapy or Clinical Social Work? If YES, complete the following:

Yes ☐ No ☐

LICENSE TITLE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

**REQUIRED EDUCATION AND TRAINING:** The purpose of this section is to verify the content of a degree program completed in accordance with the Business and Professions Code (BPC). If core content areas were completed outside of your degree program, please use the *REMEDIAL COURSEWORK* section below. If units were completed outside of your degree program and your degree program was issued prior to 1996, then please use the *ADDITIONAL UNITS* section below. Be sure to enclose official proof of completion of the content and number of units required in the form of a sealed transcript. If course content is NOT clearly identified on transcripts, submit a syllabus and/or other documentation that indicates the content was part of the course indicated.

13. The degree program contained no less than 48 semester or 72 quarter units of instruction (BPC Section 4999.32(c)).

☐ Yes ☐ No

**MARK ONE:** ☐ Semester units ☐ Quarter units

A. specify total number of units in degree: \_\_\_\_\_

B. specify total number of overall units completed: \_\_\_\_\_

Continue on next page

14. **INITIAL** each line below to indicate completion of the coursework listed. List the number of units completed and relevant course number(s). Completed coursework is the equivalent of **at least three (3) semester units** or **four and one-half (4.5) quarter units** in each of the following **CORE CONTENT AREAS**. *NOTE: If your degree was issued prior to 1996, you may qualify with a degree that is deficient in no more than three (3) of these areas (BPC Section 4999.54(a)(1)(A)(ii)). If your degree was issued in 1996 or after, you may qualify with a degree that is deficient in no more than two (2) of these areas (BPC Section 4999.54(a)(1)(A)(iii)).*

- \_\_\_\_\_ A. Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters (BPC Section 4999.32(c)(1)(A)).
- Number of units completed: \_\_\_\_\_ Course number(s): \_\_\_\_\_
- \_\_\_\_\_ B. Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior (BPC Section 4999.32(c)(1)(B)).
- Number of units completed: \_\_\_\_\_ Course number(s): \_\_\_\_\_
- \_\_\_\_\_ C. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development (BPC Section 4999.32(c)(1)(C)).
- Number of units completed: \_\_\_\_\_ Course number(s): \_\_\_\_\_
- \_\_\_\_\_ D. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness (BPC Section 4999.32(c)(1)(D)).
- Number of units completed: \_\_\_\_\_ Course number(s): \_\_\_\_\_
- \_\_\_\_\_ E. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling (BPC Section 4999.32(c)(1)(E)).
- Number of units completed: \_\_\_\_\_ Course number(s): \_\_\_\_\_
- \_\_\_\_\_ F. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination (BPC Section 4999.32(c)(1)(F)).
- Number of units completed: \_\_\_\_\_ Course number(s): \_\_\_\_\_
- \_\_\_\_\_ G. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care (BPC Section 4999.32(c)(1)(G)).
- Number of units completed: \_\_\_\_\_ Course number(s): \_\_\_\_\_
- \_\_\_\_\_ H. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation (BPC Section 4999.32(c)(1)(H)).
- Number of units completed: \_\_\_\_\_ Course number(s): \_\_\_\_\_
- \_\_\_\_\_ I. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients (BPC Section 4999.32(c)(1)(I)).
- Number of units completed: \_\_\_\_\_ Course number(s): \_\_\_\_\_
- \_\_\_\_\_ 15. The degree program contains no less than six (6) semester or nine (9) quarter units of supervised practicum or field study experience or the equivalent, which provided a range of clinical counseling experience including: applied psychotherapeutic techniques; assessment; diagnosis; prognosis; treatment; issues of development, adjustment, and maladjustment; health and wellness promotion; and other recognized counseling interventions (BPC Section 4999.32(c)(3)).
- Number of units completed: \_\_\_\_\_ Course number(s): \_\_\_\_\_

- A. The applicant's practicum or field study experience included \_\_\_\_\_ **supervised hours** providing face-to-face clinical counseling individuals, families or groups in a clinical setting (150 hours required, BPC Section 4999.32(c)(3)(I)).

**REMEDIAL COURSEWORK:** The purpose of this section is to verify completion of core content areas gained outside of your degree program as permitted by BPC Section 4999.54(a)(1)(A). If your degree was issued **prior to 1996**, you may receive credit for no more than three (3) of these areas gained outside of your degree program (BPC Section 4999.54(a)(1)(A)(ii)). If your degree was issued in **1996 or after**, you may receive credit for no more than two (2) of these areas gained outside of your degree program (BPC Section 4999.54(a)(1)(A)(iii)). If you taught the equivalent of a required core content area in a graduate program in counseling or a related area, you may receive credit for a maximum of two (2) core content areas (BPC Section 4999.54(a)(1)(A)(i)). Be sure to enclose official proof of completion in the form of a sealed transcript. If course content is NOT clearly identified on transcripts, submit copy of certificate of completion, syllabus and/or other documentation that indicates the content was part of the course indicated.

	CONTENT AREA	COURSE NUMBER(S)	SCHOOL AND PROGRAM NAME
18. Core content area completed outside of degree program			
19. Core content area completed outside of degree program			
20. Core content area completed outside of degree program, if applicable			

**ADDITIONAL UNITS (Applicants with degrees issued prior to 1996 ONLY):** The purpose of this section is to verify completion of units gained outside of your degree program only if your degree was issued prior to 1996. According to BPC Section 4999.54(a)(1)(A)(ii), degrees issued prior to 1996 must include a minimum of 30 semester units or 45 quarter units and the total number of units completed must be no less than 48 semester units or 72 quarter units. Use the box below to list all additional units completed outside of your degree program. Be sure to enclose official proof of completion of any units listed below.

	COURSE NUMBER	SCHOOL AND PROGRAM NAME	UNITS Semester <input type="checkbox"/> Quarter <input type="checkbox"/>
21. Units completed outside of degree program, if applicable (Attach additional pages, if necessary)			

22. Have you ever been denied a professional license, had a professional license privilege suspended, revoked, or otherwise disciplined, or have you ever voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency? Yes ☐ No ☐

If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.

23. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18<sup>th</sup> birthday or any traffic violations for which a fine of \$500 or less was imposed.) Yes ☐ No ☐

If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

Continued on next page



***I declare under penalty of perjury under the laws of the State of California that all of the information submitted on this form and on any accompanying forms and attachments is true and correct.***

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

\*Business and Professions Code section 4999.90(b) gives the board the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board.

\*\*The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address such as a PO Box.

\*\*\*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



## 37A-640 (Rev. 6/11)

Receipt No.	Regis. No.	<b>type or print LEGAL NAME</b>
		(LAST) (FIRST) (MIDDLE)
		<b>ADDRESS</b>
		(CITY) (STATE) (ZIP)
Date Received		
		SOCIAL SECURITY #:
		DATE OF BIRTH:
		<b>PERSONAL DATA CARD</b> STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS BOARD OF BEHAVIORAL SCIENCES <b>THIS CARD <u>MUST</u> ACCOMPANY YOUR <u>APPLICATION</u></b>

Form 37M-400 (Rev. 3/05)



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## **IMPORTANT INFORMATION – PLEASE READ**

### **MANDATORY REPORTER**

Under California law each person licensed by the Board of Behavioral Sciences is a “mandated reporter” for both child, elder and/or dependent adult abuse or neglect purposes. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services agencies, etc... ] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.